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AUTHOR	Klaus, Susan L.
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ABSTRACT

Reported are issues considered at a professional symposium on child abuse case identification and reporting. The general information needs, considerations, and decision-making processes that seem to be held in common across professional disciplines are identified. The ways in which a particular professional's background, training, and work setting can affect the identification process and influence the decision to report are discussed. Finally, symposium discussions comparing and contrasting the various professional perspectives are summarized. Appended are a list of symposium participants and a selected bibliography. (SBH)

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CHILD ABUSE CASE IDENTIFICATION AND REPORTING

A Report from a Symposium on Professional Perspectives in the Decision-making Process

OCTOBER 1977

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I. INTRODUCTION

When a child is labeled "abused" and a parent or caretaker "an abuser," the person doing the labeling sets in motion a process which causes the child and his family to be treated differently than if they were not so labeled. These labeling decisions are ones of judgment, and the process involved in identification and reporting is both subjective and relative. Yet, the consequences of such decisions are not; there are quite specific consequences for the child and his family, and often for the person making the report as well. Therefore, it is important to consider how potential reporters approach the problem of identification and reporting and to understand the different factors which enter into their decision-making processes.

A symposium on Child Abuse Case Identification and Reporting was held in Houston, Texas on April 15 and 16, 1977, to explore the approaches used by different professional workers involved in identifying and reporting child abuse. This Symposium was the third in a series sponsored by the National Center on Child Abuse and Neglect to bring together expert researchers and practitioners for indepth discussions of selected aspects of broad child abuse and neglect problems. The current Symposium focused on the process for identifying and reporting child abuse from the perspective of the professional disciplines most closely involved: law enforcement, medicine, social work, and education.

Professionals from each of these fields were invited to join with researchers who are investigating problems of abuse and neglect and share their viewpoints. (See Appendix I for a list of symposium participants.) Thus, those dealing with child abuse in the front line would have a chance to exchange information gained through their practical experiences with researchers who could provide broader perspectives. The professionals were asked to try to present common attitudes among members of their professions (rather than just expressing their own personal views or describing their own behavior) as they might go through the process leading to the identification and reporting of physical child abuse. Symposium participants also were asked to make two prepared statements. The first focused on the indicators used by their profession for recognizing physical abuse; that is, those factors that would lead members of that profession to identify and report an incident as child abuse. The second prepared statement dealt with those factors that might prevent a particular professional from identifying and reporting a possible case of abuse.

These prepared statements and the general discussion that followed revealed issues surrounding the problems of case identification and reporting, and illuminated both the common and uncommon problems faced by the different professionals involved. This report presents in narrative fashion the issues and views developed by Symposium participants through one and a half days of discussion. It is not intended to serve as a comprehensive catalogue of the specific physical and behavioral indicators of abuse, although a number of specific indicators will be mentioned during the course of discussion.

Participants were asked to address their remarks to the identification of cases of physical abuse only. While these cases obviously represent the ones that are easiest to identify and for which there exists the most agreement, this limitation helped focus the discussion on differences and similarities in each profession's approach to the problem of identification and reporting.

Identification and reporting encompasses these initial decisions and procedures that can set in motion the systems that deal with suspected cases of child abuse. *Identification* is the stage at which an alleged incident of child abuse comes to the attention of professional workers or private citizens, whether through direct observation or through referred information. If the incident is not recognized or consciously defined as possible abuse, the process stops there with no action taken. If an alleged incident *is* identified as possible abuse, the professional or private citizen may move to the *reporting* stage of the process. At this point, an individual must decide whether to report formally a suspected case of child abuse. Those steps subsequent to the decision to report were beyond the scope of the current symposium. Problems related to case intake, investigation, and substantiation were not considered.

The next section of this report, Part II, discusses those general information needs, considerations, and decision-making processes that seem to be held in common across professional disciplines.

These factors may facilitate the identification and reporting of child abuse by the professional worker under some circumstances and hinder it in others.

Part III discusses the ways in which a particular professional's background, training, and work setting can affect the identification process and influence the decision to report.

The final section, Part IV, summarizes the Symposium discussions by comparing and contrasting the various professional perspectives that were represented.

II. FACTORS INVOLVED IN IDENTIFICATION AND REPORTING OF ABUSE

In the study of child abuse the nature of the decision-making process leading to identification and reporting of suspected cases is crucial. What kinds of information are needed by the observer or reporter to designate a case of abuse, and how does he or she acquire and process this information? Are there differences among the various professional disciplines involved in the identification and reporting of child abuse and neglect? How are the differences in professional perspectives reflected in the decision-making process? Are different criteria used in assessing an alleged incident of abuse?

The initial decision of an observer may take place on an unconscious level as the observer decides whether to even consider the possibility of abuse. Once the suspicion of abuse is acknowledged, the observer must make a conscious decision to define the incident as child abuse. The decision to make a formal report of the incident is a further step for the observer. When the official reporting system is set into motion, other professionals become involved, accepting the report, investigating the incident and officially labeling the situation "abuse." Identification and reporting involves a continual screening as decisions are made at a number of different points by a number of different observers or potential reporters and by various professional workers.

Even if a case of suspected abuse has been identified, it may not be reported. Factors that may encourage reporting under some circumstances may weigh against reporting in others. This section presents a general discussion of those considerations which are involved in the identification of physical abuse and in the decision whether to report a suspected case.

The Identification Process and the Decision to Report

Many diverse factors influence the identification process and affect the decision whether to report a suspected case of child abuse. Potential reporters must evaluate a number of factors related to the specific incident of abuse itself. They evaluate whatever evidence about the child and his family that they can observe or to which they have access during this initial identification stage. In addition, the organizational structure and legal requirements of specific law enforcement/child protective systems facilitate or hinder the identification and reporting process.

Factors related to the incident. Common to all potential reporters, whether professional or lay, is the need to analyze and evaluate the nature of the incident that has come to their attention. The most significant factor is probably the observer's judgment of the severity of the incident. Physical abuse can embrace a wide range of activities and behaviors, and there can be a lack of agreement as to the seriousness of the incident or degree of deviancy involved in the abuser's behavior. In situations resulting from parental judgment about discipline and punishment, for example, there may be no clear consensus on how authoritarian a parent can be before being considered abusive. Differing norms and values of professional disciplines, cultural or ethnic groups, or socioeconomic classes come into play, depending on the identity of the observer or potential reporter and that of the suspected perpetrator of abuse. It is generally agreed that this lack of consensus on the definition of child abuse and neglect is one of the most troublesome problems in this area. Researchers and practitioners are still faced with a variety of imprecise and nonuniform definitions, a fact that affects all aspects of work in this field – from prevention through identification and reporting, to case management and treatment, and research. Thus, when trying to identify an incident of suspected abuse, the potential reporter, lay or professional, may have little guidance from official definitions of abuse, be they legal or administrative.

This lack of consensus on definition is due both to the complexity of the problem and to the fact that child abuse is a "social problem" which must be defined in the context of the society in which it occurs. There are, of course, a number of generally accepted norms about parenting behavior. There is widespread consensus that certain kinds of behaviors are obviously wrong and there are strong social sanctions against them. But there are gray areas having to do with punishment and discipline in which consensus does not exist. This is particularly true where different cultural, racial, and ethnic groups have varying ideas about what is or is not acceptable. Consequently, the problem stemming from the lack of a universally accepted

official definition of abuse is compounded by the existence of a number of culturally determined attitudes and values concerning child-rearing.

Our society has traditionally condoned the use of corporal punishment on children. Further, a high value has always been placed on parents' rights and discretion in raising their children. This social acceptance of the use of force by adults against children and this policy of nonintervention into family matters strongly condition the way in which a potential reporter perceives an incident of possible abuse.

Factors related to the child and his family. The child's age, sex, current physical condition, and demeanor all affect an observer's perception of the damage done by the incident and of the child's capacity to protect himself from possible future episodes. The emphasis at this stage is on those determinations of the child's immediate needs, welfare, and safety which provide information for a decision about identifying and reporting. Obvious special characteristics of the child are noted, such as physical or mental handicaps. Possibly the child's role and place in the family can be observed. Is the child a twin? Is he a "scapegoat" for other siblings?

Similarly, impressions about the family and the home environment enter into the potential reporter's decision. How do parents relate to the child? How do they react to the incident and questions about it? Can they offer a reasonable and adequate explanation for the child's injury? Does the observer or reporter see this as an isolated incident, unusual for this family, or as a recurring pattern of behavior? Are there indications of substance abuse, criminality, or other forms of deviant behavior in the family? Does the home environment indicate hazards to the child's safety and welfare?

Again, no observer or potential reporter has a chance for a thorough assessment at this point. But some determinations of the sort suggested by these questions are part of the decision-making process (whether it is a conscious one or not) leading to the identification and labeling of an instance of abuse.

Factors related to the system. The legal requirements and definitions of child abuse vary among States and can encourage or inhibit reporting. Broad, vague definitions that are contained in some statutes have been found to be a stimulus to reporting, although the ratio of substantiated to unsubstantiated reports is lower in these states than in states with narrower definitions of abuse. Legal requirements and legal practices mandating the recipient of reports, establishing responsibility for investigation and case management, and providing for rehabilitative or punitive treatment of identified abusers set the limits within which potential reporters may act and, again, can be an encouraging or inhibiting factor.

The organizational structure and resources available to the agency to whom reports are made are another set of system-related factors that influence the ease with which observers identify and report suspected abuse. Agencies that have the staff and resources to accept reports readily (maintaining 24-hour reporting lines, for example) and to act on those reports will encourage potential reporters.

The amount of bureaucratic red tape involved in making and receiving a report can also be significant. Vast amounts of paperwork can definitely work to inhibit reporting. Further, the workers within a system may feel that the bureaucratic requirements of the system actually prevent them from providing the necessary services for families. Such workers, therefore, may refrain from making a report of suspected abuse in order to keep the family out of the formal system while they try other ways of helping them.

Some child protective agencies may wish to play down the issue of child abuse. Perhaps these systems are responding to pressures from communities which do not wish to become known as having a high rate of child abuse. Or, perhaps workers know that there are insufficient resources available for treatment, and, therefore, do not want to stimulate reporting and raise false expectations about the ability of the system to respond.

The relationships between the law enforcement and the child protective system also can encourage or discourage the identification process. Professional reporters know that other professionals are likely to become involved once a report of abuse is made and the case investigation procedure is begun. If there is good communication and coordination among the professions, the initial observer or professional involved may be more inclined to make a report. On the other hand, the identification and reporting process may be hindered, if, for example, a policeman's experience has been one of frustration in working with social workers following a report. Similarly, a social worker may have felt thwarted by the courts in dealing with abusive families and thus may have become less likely to report suspected cases.

The amount of public education and public information provided on how and where to make reports is another crucial system-related factor. Previous research has shown that the community at large as well as the professionals who may

become involved with child abuse cases are often unaware of or confused about the designated agency for receiving reports. In some localities more than one agency has been mandated and reports may be made, for example, to the police department and/or to the child protective services. Sometimes one agency is responsible for handling reports and a different agency carries out the investigation. All of this compounds the confusion. In addition, the general public usually has very little knowledge about how the child protective or social service systems work. They may be reluctant to report because they fear that the only response will be to remove the child from the home. They may be unaware of the kinds of treatment and/or services which are available. (Unfortunately, it is sometimes true that because of inadequate resources for treatment the only course open to a child protective agency may be the removal and placement of the child. Thus an agency may develop a reputation within the community as "a child-snatching agency.") Lack of knowledge about reporting procedures and the image, correct or incorrect, of a punitive rather than a therapeutic response to reporting are factors which clearly militate against reporting.

All of these factors together interact in complex ways. No one of them operates independently. Symposium participants indicated that at present it is not possible to rank any one factor or set of factors as the most significant to the decision-making process in identifying and reporting child abuse. There may be some order of importance or set of priorities that affect an observer, but this has not yet been systematically studied.

III. PROFESSIONAL ROLES AND THE IDENTIFICATION AND REPORTING OF ABUSE

As the different professionals present at the Symposium discussed the particular criteria they looked for and the way in which they went about identifying and labeling physical child abuse, it became clear that differences across professional disciplines exist. A professional's background, training, work setting, indeed one's whole professional milieu, enter into the identification process and influence the decision to report a suspected case of abuse. This section will present the different professionals' perceptions of their own roles in relation to the identification and reporting of child abuse. Some of the specific criteria used by each profession in identifying and reporting abuse will be given, along with some description of the procedures they follow in making such decisions. Factors which tend to encourage or facilitate the identification and reporting process as well as factors which might militate against identification and reporting will be considered.

The Policeman

The policeman's primary task and responsibility to the community is to prevent crime, to apprehend criminals, to ensure public safety, and to enforce the laws. Yet society today expects policemen to fulfill a variety of roles. Policeman are sometimes required to act as lawyers, doctors, teachers, and/or social workers. This is often the case when they are dealing with cases of child abuse.

The starting point for the policeman in his investigation is the law under which he has to work. Broad, vague laws usually give the police the latitude to do whatever seems necessary, while a narrowly defined law can sharply limit their actions in investigating and dealing with parents. In general, the police have the legal authority to gain access to the home and can provide access for other professionals to investigate (and treat) when necessary. The police have the authority to remove either the abusive parent or the abused child from the home if this is deemed necessary. The arrival of a policeman at the home indicates that the situation is known and perceived as serious. In some cases the mere involvement of police is enough to prevent a recurrence of the situation. However, when the abuse has been particularly severe or when there seems to be no way to gain the family's cooperation for treatment, the removal of the child from the home and/or legal proceedings against the parents may appear to be the only course. In any case, the power of the police to take the perpetrator into custody or to instigate court proceedings against him or her is always implied by their presence.

Thus the policeman's primary and most serious task is to make an immediate judgment at the scene as to the necessity of removing either the child or the abusive parent from the home (or in some cases, whether to do both). This decision is always uppermost in his mind as he gathers the type of information about the child, the family, and the home environment suggested in the preceding section. Specifically, the policeman observes the physical condition of the child and his general demeanor. Physical evidence may be photographed for possible legal proceedings. In cases of severe trauma, the child may be taken to a medical environment to be photographed and treated.

The policeman notes the reaction of the parents to his investigation, looking for anger, discomfort, hostility, evasiveness. He looks for evidence of alcohol or drug use. He evaluates the explanation of the incident. Police, health, and social welfare and child protective agencies can be checked to determine prior involvement of the family with such agencies. The policeman tries to judge the total home environment to assess whether there is an immediate threat to the child's safety and well-being because of such things as lack of heat, poor sanitation, or lack of food, and whether these conditions are indicative of neglect, the result of general deprivation, or ignorance. All such cases may require intervention and assistance from the social services system, but not from the police.

The policeman's task in relation to child abuse is to identify and report it. His decision to report has few, if any, direct consequences, since he does not have primary responsibility for investigation (although he may play a part in that process) and he has no responsibility for treatment and follow-up. Therefore, the factors that might lead a policeman not to report suspected abuse seem to be related to his education and training and to the nature of the relationship between the police and the rest of the judicial/child protective system.

While certain police departments have begun to set up specially trained child abuse units, the

majority of the police department have not. The policeman called to the scene of a suspected abuse may not have the background and diagnostic tools necessary to evaluate the seriousness of the situation and to make appropriate decisions for the welfare of the child. Perhaps he may feel the presence and involvement of the police will be a sufficient deterrent against a repetition of the incident and that no further action is necessary.

Other policemen might be affected by the relationship of the police to other parts of the system. Limited contact or a poor relationship with the social welfare or child protective agency can be an inhibiting factor in reporting. Similarly, a policeman's prior experience in bringing child abuse cases to the courts can be an influence. Previous problems with finding the necessary evidence, with doctors who may refuse to testify, and with lawyers and judges who may be more concerned with the rights of the parents than of the child, may weigh against a decision to report a particular case.

The Social Worker

In contrast to the policeman's role, a decision by social workers to identify and report abuse often affects their own workload. Once a report of suspected abuse has been made, it is in most instances the social worker who must carry through with the investigation and subsequent treatment for substantiated cases. Consciously or unconsciously this awareness of future consequences for themselves may play a part in a social worker's decision to identify and report.

Social workers also must be seen in the context of their particular work setting. Where they work, with whom they work, and whether others are involved in the decisions that they have to make are part of the social worker's decision-making process. For example, a social worker's ability to take certain actions can be very much influenced by a particular judge's determination of what is or is not abuse. Social workers in hospitals, in child protective agencies, in voluntary agencies, or attached to courts may differ in the way they go about identifying and reporting abuse. But the variations are all tied to a consideration of "What do I have to do if I think this way? What are the consequences of reporting for me?"

Specifically, in evaluating a situation which may come to the attention of the worker either through contact with the family or through a report made by another professional or a lay observer, the worker uses many of the same criteria related to the child, family, and home environment already mentioned. Because of training, a social worker might look more closely at family interaction patterns and be better able to assess the dynamics involved. The worker may also put more weight on criteria which indicate other stress factors present in the family's situation, such as job instability or chronic unemployment, poor marital relationships, social isolation or social maladjustment, too frequent or unwanted pregnancies, and childhood history of the parents.

In general, social workers may refrain from reporting either because of some of the constraints of the system which have been discussed earlier (case overloads, lack of resources, etc.) or because they feel that formal reporting would not be in the best interest of the family. Social workers may wish to deal with child abuse within the broader context of the family's problems instead of focusing on the abuse itself. Most, if not all, of the families that come to their attention suffer from a wide variety of social, economic, and psychological difficulties. Social workers may see their task as one of bringing the most appropriate resources to bear on the family's needs, regardless of how they are officially labeled.

Prior contact with the family can also be a factor which could work for or against the social worker's reporting abuse. The worker may feel that the addition of the label of "child abuse" would be counterproductive to a therapeutic relationship with the family. In addition, if the family is already receiving services and counseling, the worker may not see the benefit in formally labeling the abuse behavior with little change in services received. Some social workers may wish to avoid police involvement and possible court proceedings, feeling that a judge would only order the social workers to do what they are already doing for the family. If the family is cooperating, there would seem to be no need for further proceedings. On the other hand, if the worker feels that by reporting, more resources and treatment would become available for the child and the family, he or she may be more disposed to make the report. Finally, if a worker has already been involved with a family, the worker may fear that reporting will result in loss of control of the case.

All of these factors can result in some conflict for social workers between what they feel they should do as required by their job and what they feel they would like to do in the best interests of the family and the child.

The Physician

Some previous research has suggested that physicians are underreporters of child abuse. Doctors see their role as one of diagnosis and treatment and may believe that they have few responsibilities (and capabilities) beyond providing necessary medical treatment for the child. If the doctor sees the task of diagnosing and identifying child abuse as a problem-solving activity which is appropriate to his role as a physician, and if he sees the act of reporting as the beginning of a therapeutic process, he may be more likely to identify and report.

The doctor's decision is based on the data he gathers through the taking of a medical history and his physical examination of the child. The history is made up of two parts: the *content* of history he is gathering and the *process* he observes while this is going on. In talking to the parents, he notes their behavior and demeanor. Is their explanation of causes for the injury plausible and logical? Do they assume any responsibility for the incident or are they accusatory, blaming the child or third parties? Did they delay in seeking medical attention? What are their feelings about and behavior toward the child? If the child is hospitalized, the doctor has an opportunity to observe this over a period of time.

The doctor tries to assess the parents' personality and family circumstances. He looks for any indication of substance abuse. He may try to learn something about the parents' own childhood and how they were treated as children. He may try to determine their knowledge of parenting and child development, and ask about their attitudes toward punishment and discipline. He checks for indications of previously abusive behavior directed either toward the injured child or other members of the family.

During the physical examination, the physician looks for characteristic surface marks, skeletal injuries, and visceral injuries. The child's behavior during the examination is noted. Is he overly compliant, emotionally reserved, aggressive, overly emotional? Is he fearful of specific activities? What is the relationship with his parents? Finally, the doctor may evaluate his own feelings about and reactions to the child.

All of these factors enter into the doctor's decision. His evaluation of this information, coupled with his own feeling about his role as a professional and his feelings about child abuse affect whether or not the physician is then willing and able to identify and report child abuse.

Although some experts argue that doctors are the professionals most qualified to identify child abuse, the diagnosis of child abuse is extremely difficult for many doctors. Most doctors have only minimal training related specifically to child abuse and child rearing. Medical schools have traditionally taught a very different kind of diagnosis and treatment. It is only within the last 10 years that medical schools have begun to offer instruction about family dynamics and normal and abnormal patterns of parent-child interaction. Many doctors also have not mastered the interviewing techniques or observational skills which are necessary in identifying cases of abuse. Further, most doctors are not trained in interpersonal skills. They may feel uncomfortable becoming involved in emotional situations where abusive parents (and sometimes abused children) are difficult and unpleasant, hard to communicate with, unresponsive, and often ungrateful.

Many doctors do not explore the reasons behind the presenting trauma. Instead, they tend to accept the parent's explanation and not ask questions. They do not obtain information unless it is volunteered. They may not detect the inconsistencies in the history or recognize subtle pleas for help.

The identification of child abuse also involves sociolegal processes which the doctor might be unwilling to set into motion. The physician is used to working alone or, at the least, having the primary responsibility for the situation. He is not inclined to call in other community resources, and he may have difficulty acknowledging other professionals as peers. When confronted with a case of child abuse, the doctor might quite naturally judge himself qualified to handle the case alone. Or he may, in fact, have had prior experience with an unresponsive or unhelpful law enforcement/child protective system.

He may also feel that the professional ethics involved in the doctor/patient relationship preclude the reporting of abuse. Most pediatricians in particular tend to relate to the parents and, consciously or unconsciously, may try to protect them. Doctors on hospital staffs have a tendency to identify with the child and to have the child's protection uppermost in mind. In either instance, issues of confidentiality, privacy, and professional ethics are legitimate concerns which enter into the doctor's decision-making process. He must also consider possible liability and damage to his practice if he becomes involved in reporting child abuse.

A further requirement is made of doctors. They may be required not only to report suspected abuse, but also to testify in court regarding the

child's injuries. The desire to avoid having to go to court weighs heavily in a physician's decision to report. Child abuse cases can involve quite lengthy proceedings and can be extremely time-consuming for the doctor. Most doctors are not experienced in testifying and may fear that they will be harassed or badgered by opposing lawyers. Or they may find that lawyers have unrealistic expectations as to what doctors can or cannot contribute to the case.

Finally, there are a number of very realistic doubts which may enter into a doctor's decision not to report. His legitimate concern over what is best for the child and the family is one factor. He may feel that more damage may be done to the child if the case is reported. The removal of the child from the home, possible retaliation by the parents against the child, or simply the stigma that will be attached to the child and his family through the official labeling are all considerations. The doctor may legitimately question what he appropriately can or should do in a case of suspected abuse. How much should he investigate before reporting his suspicions? How deeply can he probe into the family's situation? What right does he have to intervene beyond providing medical treatment? Finally, as with other professionals, the diagnosis of child abuse is a matter of judgment. There are gray areas in which it is extremely difficult to make decisions, especially when such interference can do great harm to the family and the child.

The Nurse

Nurses function either independently or interdependently within the health care delivery system. The work setting influences the nurse's role, along with her own experience with and knowledge of child abuse and that of her coworkers. The hospital nurse working in the emergency room or in pediatrics sees children who have suffered the more severe physical injuries. She often works closely with the doctor in making the judgment that the injury to the child is nonaccidental. In hospitals with rotating interns or in rural hospitals where a particular doctor might have few opportunities for making a diagnosis of abuse, the nurse can become the one most experienced with and sensitized to the possibility of abuse and may be the one to raise the question of abuse to the doctor. Nurses who work in schools, day care centers, public health agencies, private doctor's offices, or well-baby clinics are less likely to encounter children who have suffered severe physical injury; however, they are in a key position to make judgments on much more subtle indicators.

The role of the nurse facilitates gathering information about the child and the family. Nurses are perceived as helpful professionals, without the authoritarian or punitive image of some other professional groups. People accustomed to giving medical histories may respond to personal or unpleasant questions, considering them to be a legitimate part of such a history. In the assessment process, the nurse can find out about previous injuries and accidents to the child or discover details of the parents' upbringing that are useful in determining whether their child is a victim of abuse.

The nurse's diagnosis looks beyond physical evidence. The nurse may consider significant psychosocial data about the family including the kind of parenting received by the parents, adequacy of supportive relationships available to the family, and presence of other stressful events in their lives. The nurse may look for indications of substance abuse, and may try to assess the mental health of the parents in terms of their self-concepts, emotional control, and maturity. Some evaluation about their knowledge of normal child growth and development and child-rearing practices may be possible. Finally, the nurse may use all available opportunities to observe the pattern of parent-child interaction.

In observing the injured child, the nurse tries to form an opinion about what that child is like. Is there something "special" about the child that would raise her index of concern? Is the child mentally or physically retarded? Is there something perhaps especially provocative or irritating about the child's personality? What were the circumstances of this child's birth?

Nurses may hesitate to report a suspected case of abuse if they feel that such reporting may be nontherapeutic. This may be the case for nurses who feel they have established a helping relationship with the family which could be destroyed by the formal reporting process. This is especially true if past experience with the social welfare or child protective agency leads a nurse to believe that reporting does not result in help to the family. If reported cases are not investigated, if there are long delays between reports and investigation, or if there is no feedback to the reporter, then future reporting may be inhibited. Sometimes when a report is made to the social service agency, the nurse finds that the social worker acts to close out all other helping professionals from the case.

Conversely, some nurses have discovered that the social worker will do nothing since the nurse is already involved in the case. Others find that social workers expect them to do the investigation or to undertake other activities that are inappropriate to

the nurse's role. Here, too, the importance of the relationships between the various professionals has a clear effect on reporting.

The doctor-nurse relationship also is important at this point. Nursing has been changing from a dependent profession to an independent and interdependent one, but some nurses still see their primary role as one of assisting physicians. If the doctor does not identify a case as child abuse, it is unlikely that a nurse functioning in a dependent role will report it. The attitude of the hospital or school administration with respect to child abuse cases is also significant; some nurses might defy authority and report, but others will not.

Some nurses do not have the training or sufficient knowledge of the indicators of abuse, the legal requirements, or reporting procedures to carry out the identification and reporting process. Many nurses find the whole process of identification and reporting frustrating and discouraging because it is not prevention-oriented. They would be more encouraged to report if they felt they were able to make some positive efforts toward prevention.

In some cases, nurses simply do not have the time to assemble the relevant case data because of the complexity of their responsibilities. As mentioned earlier, because of their roles, nurses are often privy to a great deal of information from the parents, but without the time needed to assemble these data, review them, and draw conclusions, the nurse may not identify the problem.

Finally, a major barrier to nurses' reporting cases of child abuse can be the perception of the nurse's role that is held by other professionals. Nurses can and are effectively identifying and helping families in which abuse is a problem. However, for a variety of reasons, other professionals may fail to recognize, respect, or accept the contribution of the nurse in this area.

The Educator

Because teachers see themselves as educators of children, rather than social workers, policemen, or health caretakers, they may find it difficult to accept the identification and reporting of child abuse as their responsibility. Educators, like other professionals, must be sensitized and "taught" to identify and report child abuse through staff development and inservice training. In addition, the support of the school administration and the community can be critical in getting teachers to report child abuse.

The unique role of teachers allows them to observe a child over time and to make decisions about suspected cases of abuse based on changes in the child's appearance and behavior. Also teachers normally have a chance to become acquainted with parents and to form some impression of the home environment.

The child who is either overly active or overly compliant and passive may be a case for suspicion. The child who becomes very aggressive, hyperactive, or acts out, or the child who suddenly withdraws may be showing indications of abuse. Children who are consistently late for school or absent without reasonable explanations may alert a teacher to look for possible evidence of abuse; coming to school too early or not wanting to go home can also be indications. Teachers have a chance to observe how children interact with adults, with their peers, and with strangers. A child's behavior at play or during meals can be very revealing in situations involving abuse.

Physical evidence may also be observed outright by the teacher in the form of bruises, welts, black eyes, or frequent injuries. Children who do not want to sit down, who cannot hold a pencil, who do not want to change clothes for physical education, or who come to school covered up by long sleeves or sweaters even in hot weather all may be trying to cover evidence of abuse on their bodies.

The teacher may also make observations about the parents. Do they show concern for and interest in their child? Are they cooperative when the child's problems are brought to their attention or are they hostile and defensive? Do they refuse to have any contact at all with the teacher or the school? Do records show that they move a lot and that the child has attended a number of different schools? Has the teacher seen evidence of aberrant or violent behavior on the part of the parents?

In summary, the teachers' role places them in a position of accumulating a great deal of information about the child and his family. They can play a vital role in seeing that abused children are identified. But to do so, they must be properly trained to identify and report and be adequately supported in this effort by the school administrator and the community.

Teachers need to be aware of the school district's formal policy and procedures and of the operational definitions of child abuse. They need to be clear about local and state laws regarding abuse, about their own legal responsibilities for reporting, and about the appropriate procedures that must be followed in making reports. Some communities have found it necessary to see that

teachers are legally mandated both by local law and by formal statement of the school board to ensure that educators will report. The school administration then needs to take the responsibility for preparing teachers so that they will be able to identify and report.

Community education, involvement, and support are also vital. Reporting is an unpopular, time consuming, and often emotionally draining process. Community pressure against having teachers report abuse may become an inhibiting factor if the community is not educated to the problems of child abuse and involved in the identification and reporting process. Experience has shown that, in general, community response to reporting child abuse through the schools has been extremely negative, and that it takes time to educate the public and gain their support. For example, in San Francisco it took two and one-half years just to develop a reporting form that was acceptable to the whole community. Vast differences in the perception of child abuse exist among the various ethnic and cultural groups and across the social classes that make up a community. Teachers also differ widely in what they themselves consider good parenting or abusive practices.

Educational issues today are more politicized than ever. Elected school boards, organized teachers, and involved parents all expect to be heard; and Federal, state, and local governmental regulations have become a significant factor affecting a community's school policies and procedures. In some cases, the question of whether or not a teacher is put in jeopardy by having to report child abuse has become an issue in the negotiation of contracts. Some communities have opposed mandatory reporting by school personnel because of concern over the security and confidentiality of records. Some parents also feel that such a role is an inappropriate one for teachers and are vocal about what they see as an intrusion into the privacy of family affairs. All of these very difficult issues and very legitimate concerns play a role in the teacher's decision-making process and can be very strong factors in inhibiting reporting.

IV. SUMMARY AND IMPLICATIONS

A symposium on Child Abuse Case Identification and Reporting was convened to explore the identification and reporting process from the perspectives of the professional disciplines most closely involved: law enforcement, medicine, social work, and education. Professionals from each of these fields were invited to join with expert researchers in considering factors that lead to the identification and reporting of suspected child abuse, as well as those that might prevent such decisions. The primary interest of Symposium participants was in revealing both the common and uncommon problems faced by the professions represented.

General Factors Involved in Identification and Reporting

The process of identifying and reporting child abuse involves not just one "yes or no" decision on the part of an observer/reporter, but rather a series of decision-making steps. The suspicion of abuse must be acknowledged before the observer can make a conscious decision to define an incident as child abuse. The decision to make a formal report of the incident is a further step.

Potential identifiers/reporters of child abuse, regardless of professional discipline, have common information needs and follow some common information-gathering procedures in this decision-making process. All potential reporters must make a judgment as to the seriousness of the incident which they have observed or which has otherwise been brought to their attention. In making such an assessment, potential reporters evaluate the nature of the incident itself within the context of the particular setting in which it occurred. Legal definitions of abuse as well as culturally determined attitudes and values condition the way in which a potential reporter perceives the situation.

Available information concerning the child, his family, and his environment is also evaluated. All the professional disciplines represented at the Symposium reflected a good deal of agreement in describing the specific indicators used to assess a child's health and well-being in cases of suspected abuse; to investigate parental background attitudes and interaction with the child; and to form some impression about the adequacy of the home environment.

The potential professional reporter's decision to report can be facilitated or inhibited by a number of institutional characteristics or requirements. Legal definitions of child abuse and the organizational structure and resources of particular law enforcement child protective systems are significant factors which encourage or discourage reporting. The relationship between the various parts of the system is also important. Cooperation, communication, and coordination among the agencies and professions involved will stimulate identification and reporting. Those systems which include public education and public awareness campaigns also improve the chances that a case of abuse will be identified and reported.

Professional Roles in Identification and Reporting

The policeman. The policeman's primary task in relation to child abuse is to identify and report, and to protect the child in crisis situations. Police have the legal authority to gain access to the home and remove either the abusive parent or the abused child if necessary. A policeman may believe that his mere presence and involvement will prevent repetition of the incident; such attitudes can be a deterrent to formal reporting. Other factors that might lead a policeman not to report suspected abuse are related to training and to the relationship between the police and the rest of the judicial/child protective system.

The social worker. By virtue of their training and job role, most social workers are sensitive to the problem of child abuse and able to identify and report it. But social workers may find themselves in conflict between what they feel they should do as required by their job and what they feel would be in the best interests of the family and the child. Social workers may see their task as one of bringing the most appropriate resources to bear on the family's needs, regardless of how they are officially labeled. However, a worker who feels reporting will make more resources and treatment available may be more disposed to report.

The physician. While the physician is best qualified to evaluate and treat the physical injuries resulting from abuse, many find it difficult to make and accept the diagnosis of child abuse and then to report it. Lack of specific training or

needed skills, questions about professional ethics, and legitimate concerns over what is best for the child and the family can be powerful factors inhibiting the decision to report. Further, doctors may hesitate to report because of the possibility that they may have to expend large amounts of time testifying in court regarding the child's injuries.

The nurse. Nurses are often in an excellent position to gather information needed to identify and report abuse because they are seen as helpful professionals without the authoritarian or punitive image of some other professional groups. However, nurses may hesitate to report if they feel that such action is not consistent with their perception of their job role; if their experience has been that reporting does not result in help to the family; or if their experience has been that other professionals fail to recognize, respect, or accept their competence in this area.

The educator. The unique role of teachers allows them to observe and interact with a child over time and to make decisions about suspected cases of abuse based on changes in the child's appearance and behavior. They also can be quite knowledgeable about the child's home situation. But teachers may find it difficult to see the task of identifying and reporting abuse within their professional responsibilities, or they may think that they can help the child on their own.

Comparing and Contrasting the Professions

Education and training. Reporters' ability to identify and report child abuse is greatly influenced by their knowledge and professional training. Efforts to educate professionals in the identification and reporting of child abuse have intensified over the last decade, but many still lack the necessary training and diagnostic skills for recognition. Obviously, some professions will place more of an emphasis on the need for education about child abuse than others. Medical schools, for example, may move more quickly to incorporate specific training related to child abuse into their curriculum than will police academies or colleges of education.

Even if it is assumed that all the professions will work to sensitize their members to problems of child abuse, differences still will remain among the various professionals. Each profession may define child abuse differently or emphasize different aspects of abusive situations according to the profession's own perspective and perceived task. Each professional will reflect a different combination of strengths and weaknesses in the skills he or she brings to the task of identifying abuse. The doctor is obviously the most skilled in assessing and treating the physical damage related to abuse, and is also in an excellent position to obtain a "history," while the teacher or social worker may be attuned to more subtle indications of possible problems by virtue of their own particular training and relationship to the child. The policeman's image as an authority figure coupled with his training in carrying out investigations is another example of the unique contribution each profession can bring to the identification process.

Perception of professional role. The professional's perception of his or her own role has an important effect on the ability and/or willingness to identify and report abuse. A worker may feel that reporting is not a part of his job or responsibility. It was suggested that teachers, for example, might find the requirement to report abuse to be in conflict with what they consider their role as an educator. Social workers, on the other hand, are trained to identify and become involved with problems such as child abuse.

Given the difficult and often unpopular nature of the task, it is not surprising that some professionals prefer to deny or ignore their responsibility to report child abuse, although they may try to help the child or the family on their own. Identification and reporting can even be perceived as being dangerous or involving personal hardship for the reporter. Teachers may worry about confrontations with parents if their reporting becomes known. For private physicians reporting may involve an economic risk.

Professionals also often choose not to report because they think that they are already dealing with the situation. If they believe that the result of reporting is to provide the kind of management and intervention that they themselves can bring to the situation, then they may ignore the necessity for formal reporting. They may think that because of their professional training they are the ones best qualified to treat the situation in the first place. Such "rescue fantasies" are not uncommon among professionals. Doctors may be unwilling to involve nonmedical professionals in a case. Social workers sometimes appear to claim all social welfare problems as their own "turf," excluding the assistance and expertise that would be brought to bear by other professionals. A teacher might assume that she knows a particular child and his family better than anyone else and thus is best equipped to deal with the situation. All of these expressions of "I am the best person to handle this situation" can obstruct formal reporting. In many cases the professional's reasoning may indeed be valid, but there is a real danger in not having the benefit of the opinions of others in determining this.

Potential reporters' willingness to report abuse is also affected by the norms and ethics of his or her particular profession. Issues of confidentiality, rights to privacy, and professional ethics enter into the decision-making process. A doctor might feel that what he learns from taking a case history becomes privileged information through the professional relationship and cannot be revealed. Or where a previous relationship has existed, for example, between a client and a social worker, the professional may feel that it would be a violation of such a relationship to report suspected abuse. Doctors, social workers, nurses, and teachers may be unwilling to jeopardize an existing relationship with the child or his family by formally implementing the reporting and investigation process. Or they may feel that such a step will preclude their ability to establish such a relationship and work with the family in the future.

Professional role can also influence the amount and quality of information about a suspected case which is available or can be elicited. Both the normal and crisis relationships of the alleged abusive parent to the professional affects the type of information that the parents or child might reveal. A parent might answer personal questions about his or her own background in the course of giving a medical history to a doctor or nurse, but consider such questions from a teacher to be offensive and interfering. The teacher, because of her close and prolonged relationship with a child, is in the unique position of being able to assimilate a wealth of information about the child (and often his family) over time. Although it might be thought that fear of the police would inhibit reports to them, thus limiting their involvement in child abuse, some recent studies show that the people who are willing to report abuse are most likely to report it to the police. Police may be seen as neutral yet authoritative outsiders who can mediate the situation fairly, while social workers are often perceived as meddlers who can make arbitrary decisions that may affect family income or result in the removal of a child. Nevertheless, social workers are often in the best position to make an informed decision in the identification and reporting of child abuse, by virtue of both their training and access to relevant information. Again, each professional can make a unique contribution in the information-gathering process.

Place within the system. Each professional differs as to his or her place in the law enforcement and child protective system, and this, too, can affect the identification and reporting process. Obviously, the nature of the professionals' job affects the type of cases he or she is likely to encounter, bringing into play those child- and family-related factors which, as indicated earlier, could work for or against reporting. Doctors, for example, tend to see younger, more severely injured and thus more vulnerable children, while teachers see older children who may appear more capable of protecting themselves from possible future abuse. The visibility of the incident, perceived severity of the incident, and the context in which the potential reporter places the incident may vary according to that potential reporter's position.

The question of whether a reporter will be required to take further action as a result of the decision to report may be taken into consideration. The policeman and the teacher have no other responsibility beyond identification and reporting. Social workers, doctors, and nurses, on the other hand, may find that their responsibility does not end once a report has been made. This may be a factor for or against reporting depending on the professional's specific situation.

As a related factor, those professionals who are more likely to be required to take action as a result of their decision are forced to consider the resources at their disposal for investigating the case or treating it before deciding to report. Limited resources may raise the threshold for identification; reporters may report only the most severe cases and screen out all others in an effort to make the most use of available resources. Or they may report those cases which they believe will most benefit from treatment. If there were unlimited resources, a reporter might label many more children as being abused. In most situations, however, the volume of complaints outnumbers the available means for investigation or treatment. This problem may be more of a consideration for social workers than for any of the other professionals discussed. Workers who must deal with a large volume of complaints and/or with limited resources for doing so must develop some system of priorities, formal or informal, for allowing cases into the system.

Finally, if the person making the official designation of abuse knows that at a later point someone else is going to review that decision, it will have an effect on the way the decision is made. For example, if social workers know that a superior or perhaps someone from another professional discipline is going to review the worker's decision, this could affect his threshold for identifying and reporting cases. Similarly, if a worker knows that certain kinds of evidence which are not available to him will be needed to substantiate his decision, he may not take the time to develop a case even though he is personally convinced that abuse has occurred. This might happen with a policeman concerned with rules of evidence, for example, or with a social worker who knows from experience what a particular judge will or will not allow to stand in his court.

Implications

To facilitate identification. Professionals must be educated to the need for identification and given the appropriate training and diagnostic tools to allow them to do so. Such training needs to be tailored to the specific professional discipline. For although the law provides one definition of abuse to be applied by all professionals, the situations that each encounters will be different. Each profession becomes involved with child abuse for a different reason and approaches the problem from a slightly different perspective. The police are concerned as part of their responsibility to serve and protect society and to apprehend suspects or criminals. The courts are trying to determine guilt or innocence and see that justice prevails. Medical personnel are responsible for the diagnosis and treatment of injuries. Social workers seek to provide ameliorative services and to prevent repetition of the abuse. Teachers are concerned from the standpoint of being responsible for the child's education. The different professionals involved in identification and reporting all need somewhat different kinds of training to take into account their own legally mandated responsibility, relationship to the child and family, and differing ability to gain and assess information.

In addition, each profession needs to be familiar with the techniques of the other disciplines. It is apparent that the professions have borrowed from each other as they have become involved in the identification of child abuse. The nonmedical professionals have to recognize some medical indicators of abuse. Doctors may find themselves adopting some of the methods used by social workers in dealing with families. Such cross-fertilization is useful and probably necessary, but it is difficult to know just how far to go in educating professionals in the methods and techniques of other disciplines. It may be necessary to sound a cautionary note about the situations in which police borrow from the medical model and make diagnoses about the seriousness of physical injuries, or when doctors borrow from the social work model and make decisions on the basis of their assessment of family stress or family interaction.

Ideally, the knowledge and skills of all the disciplines should be available during the identification process so that no one professional is responsible for making *all* decisions without benefit of other points of view. More realistically, professionals can become knowledgeable about the law enforcement/child protective process as a whole as it relates to child abuse and can learn how to function in environments outside their own when necessary. For example, some hospitals now hold sessions to teach doctors how to prepare for their court appearance when called to testify in a child abuse case. In some areas, judges hold workshops to instruct social workers on the most effective way to present their cases in court. In short, the importance of professional school training, inservice training, and staff development cannot be overemphasized.

To facilitate reporting. Learning to identify child abuse is of little use unless there is an accessible and responsive system to which reports are made. Often very small changes in organizational structure or in procedures can be made which make it easier and more desirable to report: for example, the presence of a 24-hour hot line, simplification of forms, and publication of reporting procedures. It may be possible to isolate those points in the system that act as barriers and to either remove or work around them. Sometimes a particular person can be a stumbling block, for example, a particular judge. In other cases, it may be a lack of communication between two different agencies; or the problem may be one of developing a system that can provide feedback to reporters while preserving confidentiality and rights to privacy. Such changes in organizations and procedures may not be easy to make, but they can be very effective.

Reporting procedures must be clearly defined and widely publicized, not only among the professional community, but also among the general public. Public awareness about the problems of child abuse is essential to the development of a community's moral support for efforts directed toward the identification and reporting of child abuse. Communities may be opposed to mandatory reporting because of concern over confidentiality, interference in the privacy of the family, or overstepping of professional responsibility. These objections can be overcome through public education and involvement. Potential reporters need to feel that they have the backing of their community if they are to be expected to report.

Coordination, cooperation, and communication among the various professions and agencies involved is also critical. Good working relationships between professionals may be especially important in the later stages such as case investigation or treatment, but they can also facilitate reporting. The importance of feedback to the reporter from the agency which is mandated to receive reports is one example of this. If a doctor or teacher who reports a suspected case of abuse never hears from the police or from the social worker about the disposition of the case, he or she may be less likely to report in the future, and such an experience also may discourage the professional's colleagues.

More importantly, interagency and interprofessional cooperation and coordination can be vital in creating efficient reporting systems and in eliminating bureaucratic red tape. Joint efforts can be particularly useful in developing the kinds of educational programs for both professionals and the general public that are essential to both the identification and the reporting processes.

APPENDIX I

SYMPOSIUM ON CHILD ABUSE
INDICATORS AND CASE IDENTIFICATION

April 15-16, 1977
Houston, Texas

List of Participants

Sgt. Jerry Barker
Indianapolis Police Department
50 N. Alabama Street
Indianapolis, Indiana 46204

Ruthann Bates
Herner and Company
2100 M Street, N.W., Suite 316
Washington, D.C. 20037

Dr. Douglas Berninger
Herner and Company
2100 M Street, N.W., Suite 316
Washington, D.C. 20037

Odile Childress
Family Resource Center
St. Christopher's Hospital
2600 North Lawrence Street
Philadelphia, Pennsylvania 19133

Dr. Anne Cohn
Berkeley Planning Associates
2320 Channing Way
Berkeley, California 94704

Dr. David Friedman
Pediatric Pavillion
LAC-USC Medical Center
1129 North State Street
Los Angeles, California 90033

Ms. Hilary Gardner
Social Research Group
The George Washington University
2401 Virginia Avenue, N.W.
Washington, D.C. 20037

Dr. Jeanne Giovannoni
School of Social Welfare
University of California, Los Angeles
405 Hilgard Avenue
Los Angeles, California 90024

Elaine Wolfe Grady
Office of Staff Development
San Francisco Unified School District
500 Corbett Avenue
San Francisco, California 94114

Dr. Lyle Groeneveld
Stanford Research Institute
333 Ravenwood
Menlo Park, California 94025

Dr. Maure Hurt
Social Research Group
The George Washington University
2401 Virginia Avenue, N.W.
Washington, D.C. 20037

Miss LaVohn Josten
Maternal and Child Health Consultant
Minnesota Health Department
250 South 4th Street
Minneapolis, Minnesota 55415

Ms. Susan Klaus
Social Research Group
The George Washington University
2401 Virginia Avenue, N.W.
Washington, D.C. 20037

Rick Roth
Herner and Company
2100 M Street, N.W., Suite 316
Washington, D.C. 20037

Roland Sneed
National Center on Child Abuse and Neglect
400 6th Street, S.W., Room 5839
Washington, D.C. 20201

Joseph Wechsler
National Center on Child Abuse and Neglect
400 6th Street, S.W., Room 5554
Washington, D.C. 20201

APPENDIX II

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